



City of Inverness  
212 W Main Street  
Inverness, FL 34450  
(352)726-3401

TREE REMOVAL PERMIT APPLICATION

DATE: \_\_\_\_\_ PERMIT # \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_ ALT KEY # \_\_\_\_\_

OWNER'S PHONE NUMBER: \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_

CONTRACTOR'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

Application is hereby made to obtain a permit to do Tree Removal as indicated. I certify that Tree Removal has not commenced prior to issuance of a permit and that all work will be performed to meet the standards of all laws regulating such in the City of Inverness.

OWNER'S AFFIDAVIT: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING SAID ACTIVITY.

SIGNATURE \_\_\_\_\_ OWNER/AGENT \_\_\_\_\_ DATE \_\_\_\_\_

Description of Inspection Request:

\_\_\_\_\_  
\_\_\_\_\_

Inspector's Notes (Approval/Disapproval) \_\_\_\_\_

Number of trees approved for Removal \_\_\_\_\_ Signature & Date \_\_\_\_\_

☐ MUST REPLANT TREES

☐ NO PLANTING REQUIRED

PLEASE SUBMIT A SITE PLAN WITH THIS APPLICATION SHOWING LOCATION OF TREES TO BE REMOVED. PLACE A RIBBON ON THE TREES MARKED FOR REMOVAL FOR REVIEW AND ON-SITE INSPECTION.